



#### RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Patient Registration**

(AG)

## **Addendum to User Manual**

Version 7.1 Patch 12 September 2017

Office of Information Technology
Division of Information Resource Management
Albuquerque, New Mexico

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#### 1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Patient Registration (AG) v7.1. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

The addendum only provides guidance on changes made in the patch that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes of each of the respective patches.

#### 1.1 Summary of Changes

Patch 12 provides enhancements and software fixes to V7.1 of the Patient Registration application.

- New functionality to collect Patient Residence for Medicare Part D Pharmacy Point of Sale billing.
- Incorporating new insurer type file to be used during new insurer setup in patient registration table maintenance. New insurer types added (FPL 133, MCR Managed Care, MCR Part C, State Exchange Plan, Tribal Self Insured, Veterans Administration)
- Merge options placed out of order to be re-activated in a future patch.
  - Merge Duplicate Insurers
  - Merge Duplicate Employers
  - Merge Duplicate Group Plans
  - Merge Duplicate Insurance Policies
- Update to zip code field to allow zip code plus four. Field will allow both five-digit and nine-digit zip codes.

### 2.0 Patch 12 Changes

#### 2.1 New Patient Residence Field

A new field to collect patient residence for Medicare Part D recipients has been added to the patient registration editor page one. If no patient residence is defined, the system will default to 1 for HOME on all Medicare Part D claims.

The following are the options for patient residence:

- 0 Not Specified
- 1 Home
- 2 Skilled Nursing Facility
- 3 Nursing Facility
- 4 Assisted Living Facility
- 5 Custodial Care Facility
- 6 Group Home
- 9 Intermediate Care Facility
- 11 Hospice
- 15 Correctional Institution

```
IHS REGISTRATION EDITOR (page 1)
                                      2013 DEMO HOSPITAL
______
DEMO, PATIENT (upd:AUG 22, 2017) HRN:999106
______
1. ELIGIBILITY STATUS : DIRECT ONLY
     DATE OF BIRTH : 08/20/1935
3. PLACE OF BIRTH [CITY] : ALBUQUERQUE
                               4.ST : NM
                SEX : FEMALE
6. SOCIAL SECURITY NUMBER: 107082035P(Not yet verified by the SSA)
7. MARITAL STATUS : MARRIED
8.
      CURRENT COMMUNITY : ALBUQUERQUE
    PATIENT RESIDENCE : HOME
10.STREET ADDRESS [LINE 1] : 83 Round Circle Drive
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
        CITY : ALBUQUERQUE 14.ST : NM 15.ZIP+4 : 81234
13.
    LOCATION OF HOME :
17.PHONE NUMBER [RESIDENCE] : (505)888-9871 18.WORK PHONE :
19. OTHER PHONE :
______
CHANGE which item? (1-19) NONE//:
```

Figure 2-1: Example of Patient Residence field

# 2.2 Changing Patient Residence in the Registration Editor,Page 1

Medicare Part D recipients may have another place of residence besides home. The user has the ability to enter the patient in the registration editor, page 1. Once the patient residence field is changed, this is transmitted on Pharmacy Point of Sale Medicare Part D claims.

```
IHS REGISTRATION EDITOR (page 1)
                                            2013 DEMO HOSPITAL
______
DEMO, PATIENT (upd: AUG 22, 2017) HRN: 999106
______
1. ELIGIBILITY STATUS : DIRECT ONLY
2. DATE OF BIRTH: U8/20/1993

3. PLACE OF BIRTH [CITY]: ALBUQUERQUE 4.ST: NM

SEX: FEMALE
6. SOCIAL SECURITY NUMBER: 107082035P(Not yet verified by the SSA)
         MARITAL STATUS : MARRIED
       CURRENT COMMUNITY : ALBUOUEROUE
      PATIENT RESIDENCE : HOME
10.STREET ADDRESS [LINE 1] : 83 Round Circle Drive
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13.
16. LOCATION OF HOME:
             CITY: ALBUQUERQUE 14.ST: NM 15.ZIP+4: 81234
17.PHONE NUMBER [RESIDENCE] : (505)888-9871 18.WORK PHONE :
      OTHER PHONE :
______
CHANGE which item? (1-19) NONE//: 9
PATIENT RESIDENCE: HOME// ??
      The Patient Residence (required for Medicare Part D)
  Choose from:
  ASSISTED LIVING FACILITY
CORRECTIONAL INSTITUTION
                          15
  CUSTODIAL CARE FACILITY
  GROUP HOME
  HOME
  HOSPICE
                            11
  INTERMEDIATE CARE FACILITY
  NOT SPECIFIED
  NURSING FACILITY
  SKILLED NURSING FACILITY
PATIENT RESIDENCE: HOME// 2
```

Figure 2-2: Example to edit patient residence

```
IHS REGISTRATION EDITOR (page 1) 2013 DEMO HOSPITAL

DEMO, PATIENT (upd:AUG 22, 2017) HRN:999106

1. ELIGIBILITY STATUS: DIRECT ONLY
2. DATE OF BIRTH: 08/20/1935
3. PLACE OF BIRTH [CITY]: ALBUQUERQUE 4.ST: NM
```

```
SEX : FEMALE
6. SOCIAL SECURITY NUMBER: 107082035P(Not yet verified by the SSA)
    MARITAL STATUS : MARRIED
       CURRENT COMMUNITY : ALBUQUERQUE
8.
      PATIENT RESIDENCE : SKILLED NURSING FACILITY
10.STREET ADDRESS [LINE 1] : 83 Round Circle Drive
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
           CITY: ALBUQUERQUE 14.ST: NM 15.ZIP+4: 81234
13.
     LOCATION OF HOME :
17.PHONE NUMBER [RESIDENCE] : (505)888-9871 18.WORK PHONE :
     OTHER PHONE :
______
CHANGE which item? (1-19) NONE//:
```

Figure 2-3: Example of change of patient residence

#### 2.3 New Insurer Types

The new insurer type file has been implemented in patient registration table maintenance for new insurer setup. The new file includes 6 new insurer types.

**Note:** These new insurer types will fall under Private Insurance.

The following are the new insurer types:

• FPL: FPL 133 PERCENT

MMC: MCR MANAGED CARE

• MC: MCR PART C

• SEP: STATE EXCHANGE PLAN

• TSI: TRIBAL SELF INSURED

• V: VETERANS ADMINISTRATION

#### 2.4 Using the New Insurer Type

The new insurer type is used when a new insurer has been created in the patient registration table maintenance menu.

```
EINS Add/Edit an Insurer

LINS Insurer Listing

RINS Replacement Text for Insurer Lookups

IINS Display Insurer Record (Inquire)

MINS Merge Duplicate Insurers

**> Out of order: DEACTIVATED LEGACY CODE

TINS PRINT LISTING OF TOP 20 INSURERS

Select Insurer File Menu Option: EINS
```

```
Select INSURER: TURQUOISE TRIBAL
( TURQUOISE TRIBAL )
Search was unsuccessful.
Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...
  Are you adding 'TURQUOISE TRIBAL' as a new INSURER? No// Y (Yes)
   INSURER STATE: NM NEW MEXICO
                                       NM
   INSURER ZIP: 88888
NAME: TURQUOISE TRIBAL Replace
INSURER TYPE: ??
   Choose from:
   3P LIABILITY
   CHAMPUS C
   CHIP (KIDSCARE) K
FPL 133 PERCENT FF
FRATERNAL ORG F
                            FPL
   GUARANTOR G
HMO H
  INDIAN PATIENT I

MCR MANAGED CARE

MCR PART C MC

MCR PART D MD
                              MMC
   MEDICATE FI D
MEDICARE FI R
MEDICARE HMO MH
MEDICARE SUPPL M
   NON-BEN (NON-INDIAN)
   PRIVATE P
   STATE EXCHANGE PLAN SEP
TRIBAL SELF INSURED TSI
   TRIBAL SELF INSURED TSI VETERANS ADMINISTRATION V
   WORKMEN'S COMP W
```

Figure 2-4: Example of adding new insurer type to a new insurer entry

#### 2.5 Insurer Inquiry

Use the insurer inquiry to display the insurer type assigned to the insurer.

```
EINS Add/Edit an Insurer

LINS Insurer Listing

RINS Replacement Text for Insurer Lookups

IINS Display Insurer Record (Inquire)

MINS Merge Duplicate Insurers

**> Out of order: DEACTIVATED LEGACY CODE

TINS PRINT LISTING OF TOP 20 INSURERS

Select Insurer File Menu Option: IINS

Select INSURER: TURQ
( TURQ/TURQUOISE )

.

TURQUOISE TRIBAL - 300 TRAILWAYS AVE

ALBUQUERQUE, NM 88888

OK? Y//

*** INSURER FILE INQUIRY ***
```

```
NAME: TURQUOISE TRIBAL

CITY: ALBUQUERQUE

ZIP: 88888

PHONE: (505)555-4567

STATUS: BILLABLE

ONLY

BACKBILLING LIMIT (MONTHS): 12

LONG NAME: TURQUOISE TRIBAL

STREET: 300 TRAILWAYS AVE

STATE: NEW MEXICO

PHONE: (505)555-4567

RX BILLING STATUS: OUTPATIENT DRUGS

INSURER TYPE: TRIBAL SELF INSURED
```

Figure 2-5: Inquiry of insurer entry with new insurer type

#### 2.6 Insurer Type Display on Insurance Page 4

The new insurer type will display on the Private Insurance page.

```
Private Insurance 2013 DEMO HOSPITAL
IHS REGISTRATION EDITOR
______
DEMO, PATIENT (upd: AUG 16, 2017) HRN#:99107 (DIRECT ONLY)
______
1) Policy Holder: DEMO,PATIENT | 5) Gender | 5) Policy or SSN: X123331 | 6) Date | 3) Effective Date: FEB 01, 2017 | 7) PCP: | 4) Expire Date...: | 8) CD Name....:
                                          5) Gender: FEMALE
                                            |6) Date of Birth: 2/13/1975
-HOLDER'S EMPLOYER INFO-----
9) Status.....: FULL-TIME | 10) Employer: IHS AREA OFFICE
-INSURER INFORMATION-----
  RQUOISE TRIBAL | 11) Grp Name:
300 TRAILWAYS AVE | Grp Number:
ALBUQUERQUE, NEW MEXICO 88888 | 12) Coverage:
TURQUOISE TRIBAL
  (505)555-4567 Ins. Type: TRIBAL SELF INSURED | 13) CCopy:
 ---Policy Members----PC-----Member #-----HRN-----Rel------From/Thru--
14) DEMO, PATIENT X123331 99107 SELF 2/1/2017
***WARNING 017: Coverage Type(s) not defined for the policy X123331 TURQUOISE
***WARNING 021: Group number/Plan Number incomplete
Last edited by: TOWNSEND, GAIL on Aug 16, 2017
______
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

Figure 2-6: Private insurance display for new insurer type

#### 2.7 Merge Options Placed Out of Order

The following merge options have been temporarily disabled until the logic can accommodate the **INSURER TYPE** field. Until these options are updated, they will be placed out of order.

```
MINS Merge Duplicate Insurers

**> Out of order: DEACTIVATED LEGACY CODE

MEMP Merge Duplicate Employers

**> Out of order: DEACTIVATED LEGACY CODE

MGRP Merge Duplicate Group Plans

**> Out of order: DEACTIVATED LEGACY CODE

MPOL Merge Duplicate Insurance Policies
```

```
**> Out of order: DEACTIVATED LEGACY CODE
```

Figure 2-7: Merge options placed out of order

#### 2.8 Zip Code Plus Four

The patient address zip code field on page 1 of the registration editor has been modified to allow the zip code plus four digits. The user is able to add the zip code plus four in field 15 of the registration editor, page 1.

```
2013 DEMO HOSPITAL
IHS REGISTRATION EDITOR (page 1)
______
DEMO, PATIENT (upd: AUG 25, 2017) HRN: 99107
______
1. ELIGIBILITY STATUS : DIRECT ONLY 2. DATE OF BIRTH : 02/13/1975
3. PLACE OF BIRTH [CITY] : ALBUQUERQUE 4.ST : NM
5.
                SEX : FEMALE
6. SOCIAL SECURITY NUMBER: 207021375P(Not yet verified by the SSA)
7. MARITAL STATUS : SINGLE
8.
       CURRENT COMMUNITY : ALBUQUERQUE
      PATIENT RESIDENCE : HOME
10.STREET ADDRESS [LINE 1] : 38111 PATHWAY STREET
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
               CITY : ALBUQUERQUE
                                 14.ST : NM 15.ZIP+4 : 88811
16.
       LOCATION OF HOME :
17.PHONE NUMBER [RESIDENCE] :
                                18.WORK PHONE :
19. OTHER PHONE:
______
CHANGE which item? (1-19) NONE//: 15
ZIP+4: 88811// ??
     Answer with either the 5 digit format (e.g. 12345) or the nine digit
     format (e.g. 12345-6789 or 123456789)
ZIP+4: 88811// 88811-1234
```

Figure 2-8: Entry of zip code plus four digits

```
10.STREET ADDRESS [LINE 1] : 38111 PATHWAY STREET
11.STREET ADDRESS [LINE 2] :
12.STREET ADDRESS [LINE 3] :
13. CITY : ALBUQUERQUE 14.ST : NM 15.ZIP+4 : 88811-1234
16. LOCATION OF HOME :
```

Figure 2-9: Display of zip code plus four in the address section of page 1

# **Acronym List**

Acronym	Term Meaning
IHS	Indian Health Service
RPMS	Resource and Patient Management System

## **Contact Information**

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (888) 830-7280 (toll free)

Web: <a href="https://www.ihs.gov/helpdesk/">https://www.ihs.gov/helpdesk/</a>

Email: <a href="mailto:support@ihs.gov">support@ihs.gov</a>